

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/462472</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		51		
2		1		1		1	52		
3		1		1		1	53		
4		1		1		1	54		
5		1		1		1	55		
6		3		1		1	56		
7		2		1		1	57		
8		1		1		1	58		
9		1		1		1	59		
10		1		1		1	60		
11		1		1		1	61		
12		1		1		1	62		
13		1		1		1	63		
14							64		
15							65		
16							66		
17							67		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1		2		TOTAL IND.		
TOTAL DEP.		12		22			TOTAL DEP.		
TOTAL CLAIMS		13		24			TOTAL CLAIMS		